GUIDELINES FOR STATE REIMBURSMENT REQUESTS

Statutes provide that counties are entitled to reimbursement of up to 60%, (currently at 50%) of all approved costs from the State, up to the current maximum rate per parcel and that counties will receive a minimum of \$3.00 per parcel for up to the first 20,000 parcels.

Parcel counts must be certified by the Tax Commission. An email is sent to the Assessor, County Clerks and County Auditors when parcel counts are updated. **Currently the certified count is located on the State Tax Commission website, the link is:** http://stc.mo.gov or www.stc.mo.gov

Section 137.750.3, RSMo: Requests for reimbursement of assessment costs must be made quarterly **no later than the thirtieth day of the month immediately following the quarter for which such state funds are sought.**

The reimbursement request form should be completed by the Accounting Officer/County Clerk, and must be signed by the Assessor, the Accounting Officer/County Clerk, Presiding Commissioner of the County Commission or County Executive Officer, and the Clerk of the County Commission. Lack of any signatures or official county seal will result in the request being returned to the county.

All costs submitted for state reimbursement must be incurred for the purpose of assessment and equalization during the specific time period of the Assessor's approved maintenance plan. **Non-reimbursable expenses will be deducted from the request.**

Reimbursements are paid on the state's fiscal year basis. The state's fiscal year begins July 1 and ends June 30. Consider within which state fiscal quarter you will be filing the request.

Timeframe of Expenditures	Fiscal Quarter	County's Calendar Quarter*	Due Date
January 1 – March 31	Fourth	First	April 30
April 1 - June 30	First	Second	July 30
July 1 – September 30	Second	Third	October 30
October 1 – December 31	Third	Fourth	January 30

^{*}Class 1 County on Fiscal Year

NON-REIMBURSABLE and SPECIFIC APPROVAL EXPENSES

Section 137.750.4, RSMo: (Emphasis added)

- 1. The following costs and expenses **shall not** qualify for state reimbursement or reimbursement from tax moneys withheld from political subdivisions:
 - a. Premiums for property and casualty insurance and liability insurance;
 - b. Depreciation, interest, building and ground maintenance, fuel and utility costs, and other indirect expenses which can be classified as the overhead expenses of the assessor's office;
 - c. Purchases of motor vehicles.
- 2. Costs and expenses which shall qualify for state reimbursement, but **only** if identified in the county maintenance plan and subsequently **specifically approved by the State Tax Commission** shall include:
 - a. Salaries and benefits of data processing and legal personnel not directly employed by the assessor;
 - b. Costs and expenses for computer software, hardware and maintenance (this includes monitors, scanners, printers, etc.);
 - c. Costs and expenses of any additional office space made necessary in order to carry out the county's maintenance plan;
 - d. Costs of leased equipment;
 - e. Costs of aerial photography.

DOCUMENTATION of EXPENDITURES

All expenditures, except for salaries and mileage must be documented by attaching copies of the appropriate invoice or receipt.

Do not include copies of checks, County Commission vouchers, purchase orders, or statements. Only copies of paid invoices or receipts are to be submitted.

The invoices or receipts for the quarter must be grouped according to line item on the reimbursement request. Do not group by month.

An adding machine tape, reflecting the total amount of each line item, is to be attached to the invoice copies for each line item.

Highlight the appropriate cost(s) on the invoices and submit documentation in the same order as the adding machine tape.

Tapes should have one entry for each expense. Do not include subtotal tapes or double sided copies of invoices.

If using a detailed computer printout rather than invoices:

Each item listed on the printout should be highlighted and labeled with the corresponding line item number (not the county's account number).

If the printout does not total line items by quarter, a machine tape total must be submitted for each line item. The order of the items on the tape totals should correspond with the order of the printout.

Items requiring Specific Approval from the Tax Commission, such as all computer related items, must have invoice copies provided, even if costs are listed on the printout. Invoice copies should be grouped and labeled with appropriate line item number.

PREPARATION of the REQUEST

Verify that the most current version of the reimbursement request form, MO 869-1319 (06-06) is being utilized. The form is available on the STC website, or call 573-751-1735. The quarterly reimbursement (Qtrly_ReimbV2.xls) can be found at:

http://stc.mo.gov/assessor/generalforms

Required data entry cells on the form are color-coded. Utilizing the TAB key allows you to maneuver through just the cells which require data entry.

The date format when entering the time frame of the calendar quarter must be one of the following; 1/01/15, 1/01/2015, or January 1, 2015. Using any other format, (i.e. Jan/01/15 or January 1/2015) will result in an improper statement in the Certification section of the form.

The form will automatically calculate upon required information being entered.

COST SECTION

Enter in the "Amount" column the costs and expenses as set out in the plan approved by the State Tax Commission of Missouri. Before starting to organize the assessor's expenses, talk to the assessor to confirm the software vendor; the individual or company paid for completing the mapping; and if the mapping is completed manually or is it GIS.

Examples of costs are provided for each line number. Please understand the examples listed are not inclusive of every expense a county could encounter.

Line A: Enter the number 1 and Assessor's salary.

Line B: Enter the number of employees and the salary total.

Line C: "Other" salaries of other personnel whose time is partly allocated to assessment duties.

Enter number of persons who are not part of Assessor's staff who have allocated time for assessment work. (i.e. data processing personnel, etc.) Enter the apportioned salary total.

- **Line D:** "Employee Fringe Benefits" Enter the portion paid by County for all employee fringe benefits. This normally includes, but is not limited to the county's portion of Social Security, Medicare, Lagers, or other retirement plan paid all or partially by the County, Unemployment Insurance, Workmen Compensation, Dental Insurance, Health Insurance, etc.
 - **1a. Office Expenses: Supplies, Forms, Manuals --** Film, magnets, vehicle signs, Farm Equipment Guide, Batteries, Door Hangers, Stationary, Printing of Assessment Forms, Assessors Personal Property Valuation Guide, any valuation manuals either in paper or on-line, copy machine copies, staples, notepads, stationary, etc.
 - **1b. Postage Expenses** -- Stamps for mailing or shipping
 - **1c. Telephone Expense** Assessor's portion of telephone bill (Please highlight assessor's Total Charges for Assessor's office)
 - 2. **Mileage Expense Only** -- Assessor's office mileage for the quarter. The state reimburses costs only for the actual miles driven for assessment purposes, regardless of whether the vehicle is owned by the county, or by an individual. Please write the number of miles and the current mileage rate as allowed by the county. (Example: 1,900 miles @ \$0.56 = \$1,064.00) **Costs such as vehicle purchase, fuel, oil, maintenance, tires, towing, insurance, etc. are not reimbursable. You must provide the number of miles and the rate.**
 - **3.** Education and Training (Meals, Registration, Lodging, etc.) –Assessor's and assessor's staff registration fees to attend regional assessor's meetings, annual assessor's conference, Missouri State Assessor's Association School, dues to Missouri State Assessor's Association, meals and hotel rooms to attend education/training meetings, etc.
 - **4a. Equipment** (Purchases) -- Total for equipment purchases such as calculators, measuring tapes, copiers, map printing machines, chair, desk, camera, etc.
 - **4b.** (Not computer related) Maintenance -- copy machine repairs.
 - **4c. Leases** copy machine leases, mailing machines, etc. **Leases require prior approval**

All computer related expenses for lines 5a, 5b and 5c require specific prior approval from STC

5a. Hardware Purchases/Lease – Monitor/Screen, keyboard, mouse, tower, power strips, notepad/I-pad/tablet, etc. (for a shared system, this must only be the Assessor's

- portion as determined by the Annual Computer Inventory).
- **5b. Software Purchases/Lease** -- <u>original</u> purchase of a software program such as Microsoft office, Apex, Marshall & Swift, etc. (for a shared system, software must be allocated in the same manner as in **5a** above).
- **5c.** Hardware and/or Software Maintenance, Program Modifications -- renewal of user licenses fee with software vendor, fix server issues, charge for back up services, etc. Enter total for Assessor's portion of maintenance/support for system hardware, software and program modifications as determined in **5a** above.
- **6a. Contracts/Appraisals** Charges from appraisers only, no legal fees.
- **6b. Mapping** charges for manual mapping for work maps, inking and creation of mylars, Mapping Solutions
- **6c. Other (Aerial Photography, GIS, etc.)** Aerial Photography and photo enlargement (companies could be Surdex), some of the GIS companies (could be Midland Mapping, Intrinsicorp GIS, Great Rivers, Sidwell Mapping, Schneider) mailing services
- 7. Other Expenses Enter any expenses which do not fit descriptions of the previous line items. Examples are: legal fees, advertising, Assessor's bond fee, BOE expenses, uniforms, etc.

CALCULATION SECTION

The Calculation Section determines the amount reimbursable for the current period and the maximum amount available in future periods of the current fiscal year. Complete the calculation section as follows:

- **Line 1:** Enter the current parcel rate and the current certified parcel count.
- **Line 3:** Enter the total costs incurred in the previous periods of the current state's fiscal year. Example:
 - **State's 1st Fiscal Qtr**. which is the County's 2nd Calendar Qtr; Line 3 and Line 4 would be "0". **State's 2nd Fiscal Qtr** which is the County's 3rd Calendar Qtr would add the "0" plus the county's

Total Costs on the reimbursement they are submitting.

- **State's 3rd Fiscal Qtr** which is the County's 4th Calendar Qtr would add the "0" plus the amount from the County's 3rd Calendar Qtr and the total costs from the reimbursement they are submitting.
- **State's 4th Fiscal Qtr** which is the County's 1st Calendar Qtr for the current year and the 2rd, 3rd and 4th Total Costs would be for the previous year. (April 1, 2014-June 30, 2014; July 1, 2014—September 30, 2014; October 1, 2014—December 31, 2014; January 1, 2015—

March 31, 2015)

Line 4: Enter the total reimbursement received from the State for assessment costs in previous periods of the current state's fiscal year.

Line 9: Enter the proper quarter (state fiscal quarter at time of filing).

Timeframe of Expenditures	Fiscal Quarter	County's Calendar Quarter*	Due Date
January 1 – March 31	Fourth	First	April 30
April 1 - June 30	First	Second	July 30
July 1 – September 30	Second	Third	October 30
October 1 – December 31	Third	Fourth	January 30

^{*}Class 1 County on Fiscal Year

CERTIFICATION SECTION

- Step 1. Complete the reimbursement request form by entering the day, month and calendar year.
- Step 2. Signatures are obtained from the Assessor, Presiding County Commissioner or the County Executive Officer and the Accounting Officer/County Clerk.
- Step 3. The County Clerk completes the certification by signing and affixing the County Seal.
- Step 4. Mail to: STATE OF MISSOURI
 ASSESSMENT REIMBURSEMENT PROGRAM
 P.O. BOX 389
 JEFFERSON CITY, MO 65102

The following quarterly reimbursement forms are provided as a reference.



MISSOURI STATE TAX COMMISSION

CERTIFIED COPY OF ASSESSING SALARIES, COSTS AND EXPENSES

Cot	inty Superior		C/	ALENDAR QUARTE		10/1/2009	to	12/31/20	09
		•		COSTS					
No.	OF EMPLOYEES	SALARIES OF EMPLO	YEES APPROVED IN A		NTENANCE	E PLAN		AMOUNT	 Г
<u>A.</u>	1	Assessor						\$10,375.	
B. C.	8	Assessor's Staff	***					\$33,015.	
D.	9	Other Salaries (explain	on separate page)						
-	<u> </u>	Employee Fringe Benefi	is, (PICA, Lagais, S.S., OSTS AND EXPENSES	Health, Unemployn	neni, Medic	are, etc.)		\$14,875.	98
1a	Office Expenses:	Supplies, Forms, Manua	ils	APPROVED IN AS	30E99WED	II MAINTENANCE	PLAN	\$4.400	631
1b		Postage Expense						\$4,160. \$2,114.	
10		Telephone Expense					******	\$308.	
3	Mileage Expense Only		78 MILES (W	41,54				\$488.	
_	Education and Training Equipment:	(Meals, Registration, Los Purchases	iging, etc.)	· · · · · · · · · · · · · · · · · · ·				\$1,442.	
4b		Maintenance	**					\$294.	
4c		Leases						\$26.	78
	Computer:	Hardware Purchases/Le			·	*·	· · · · · · · · · · · · · · · · · · ·	\$348.0	<u> </u>
5b		Software Purchases/Lea						\$288.2	
5с 6а	Contracts:	Hardware and/or Software	e Maintenance, Progra	m Modifications	·			\$3,487.5	
6b	·	Appreisal Mapping		······································					
6c		mapping Other (Aerial Photograph	u GIS ata l				<u> </u>		
	Olher Expenses	outer promoter tholograph	y, 010, etc.)					\$6,997.9	92 (
	al Costs			^^^	·		****	\$78,225.3	<u> </u>
			CA	LCULATION	10			Φ10,220.3	וספ
1. M	aximum Amount Reimbu	rsable Parcel Rate	\$4.00	LOOLATION	10	Paral Caral	44.460	450040	no!
2. M	Inlnum Available Per Yee	7	\$3.00 x Parcel Co	unt (20.000 max)		Parcol Count	14,160	\$56,640.0 \$42,480.0	10
	olal Costs in Previous Per		(current fiscal yea	ir)			\$130,780.77	942,460.0	於
	otal Reimbursement in Pro		(current fiscal year)				V 1.55 (1.55	\$56,640.0	00
6. M	eximum Amount of Reimb nimum Amount of Reimb	ursement Available	(line 1 minus line	***************************************				\$0.0	101
	ial Costs This Period	orsement Avanable	(line 2 minus line	4)			4	\$0.0	
	lai Costs to Date		(line 3 plus line 7	1			\$78,225.35	THE STREET STREET, STR	
9. Gr	eater of:		\$0.76 x quarter	3 x parcel co	unt /20 000	may)	\$209,006.12 \$31,860.00	2.00	117
			or 50% of line 8		**** (50,000	· inuaj	\$104,503.06		∯ 9 β q
10. R	elmbursement Due on Mi	nimum Amount	Lesser of line 6, o				71011000100	\$0.0	
	reater of elmbursement Due at 505		(2 x line 4) or (\$6.	00 x parcel count	(20,000 ma	x.))		\$113,280.0	
	ital Reimbursoment This		(line 8 minus line		less than \$(0.00		\$47,863.0	6 1
	aximum Reimbursement		(line 10 plus line 12 (lesser of line 6 or		· · · · · · · · · · · · · · · · · · ·			\$47,863.0	
6. To	lal Reimbursement Clain	ned This Fiscal Year	(line 4 plus line 14				V-1-1-A	\$0.0	
6. M	x. Available for Future R	elmb. This Fiscal Year	(Ine 1 minus line					\$56,640.0 \$0.0	0 10
		71-11111		RTIFICATION	<u> </u>		_	ΨΟιΟι	<u>yl i</u>
	In accord	lance with Section 137.7				neae listed herein	rate leavened duden	41	
		Ashenb Jepueso	10-1-2009 to 12-31-2	009 for Sunador (County for ti	he cumose of mate	ofalnina		
landi	equalized asse	ssed valuations under th	e assessment and equ	alization maintenan	ce pian app	roved by the State	Tex Commission of	f Missouri	
Shinin	10 0170505505		Signature of County Prest	ding Comm / Chief Ex	ecutive Si	gnature of Accounting	Officer / County Clerk		
					- 1				
lest	lmony whereof, I have he	one head vin les oftwe	affixed the Sect of Cour	the of office in		1			
		ounty, Missouri, this the	10	day of	Januar	.,		40	
EAL)			·····	County of		uperlor	20	of Missouri	
					erk of the C	County Commission) OISIA	OI MISSOUR	
orah.	codify that the above	annullines to the							
an an	certify that the above ex d that the expenditures c	hendunies uske pesu CO	mpared to the budget in	ncluded in the asso:	ssment and	i equalization main	tenance		
gnalu	re of Commissioner, Stel	e Tax Commission of Mi	seony seony	e with said approva	i pian.				
TUR	NTO	STATE OF	MISSOURI, ASSESSA	MENT REIMBURGE	MENT DO	GRAM			
			P.O. BOX 389, JEFF	ERSON CITY. MO	55102	VIVIII		•	
889	-1319(06-08)					·	***************************************		



MISSOURI STATE TAX COMMISSION

CERTIFIED COPY OF ASSESSING SALARIES, COSTS AND EXPENSES

Cot	inty - Superior	CALENDAR QUARTER · 1/1/2009 to	3/31/2009	~-
		COSTS	0/0/1/2000	-
NO.	OF EMPLOYEES	SALARIES OF EMPLOYEES APPROVED IN ASSESSMENT MAINTENANCE PLAN	AMAINE	
A.	1 '	Assessor	\$10,375.00	ıΤ
8.	.6	Assessor's Staff	\$25,467.45	
C.	7	Other Salarles (explain on saparate page)	1 420/10/11	†
D.		Employee Fringe Benefits, (FICA, Lagers, S.S., Health, Unemployment, Medicaro, etc.)	\$15,484.18	t
18	Office Expenses:	OTHER COSTS AND EXPENSES APPROVED IN ASSESSMENT MAINTENANCE PLAN Supplies, Forms, Manuals		_
1b		Postage Expense	\$1,257.78	
10		Telephone Expense	\$671.46	
	Mileage Expense Only	544 Malei @ 41, T C	\$155,95 \$225,76	
	Education and Training	(Meals, Registration, Lodging, etc.)	\$275.01	
4a 4b	Egylpment:	Purchases	\$764.92	
40 40	(not computer related)	Maintenance Leases		Ī
		Hardware Purchases/Leases		Ľ
5b		Software Purchases/Leases	\$2,699.00	1-
5c		Hardware and/or Software Maintenance, Program Modifications	***	ŀ
_	Contracts:	Appraisal	<u></u>	E
6b		Mapping		Ė
6c	Other Expenses	Other (Asrial Photography, GIS, etc.)	\$3,813.84	
	al Costs			
			\$61,190.35	L
1. M	axinum Amount Reimbu	CALCULATIONS sable Parcel Rate \$5.99 Parcel Count 14 160		
	ininum Avallable Per Yea	F81001 COURT 14, 100 1	\$84,818.40	Ľ
	dal Costs in Previous Per	vsioo y r sicor count (20,000 max)	\$42,480.00	ئے
4. To	tal Reimbursement in Pre	evious Periods (current fiscal year)		_
5. M	eximum Amount of Rèlmb	ursement Available (line 1 minus line 4)	\$84,818.40 \$0.00	
6, M	nimum Amount of Relmb	ursement Available (line 2 minus line 4)	\$0.00	
	tal Costs This Period	\$61,190.35	Veralla de la companya della companya della companya de la companya de la companya della company	7
	eater of:	(line 3 plus line 7) \$238,980.01		8
V. O.	odici ci.	\$0.75 x quarter 4 x parcel count (20,000 max) \$42,480,00 or 50% of line 8 \$110,490,01		9
IQ. Re	Imbursement Due on Mi	or 50% of line 8 \$119,490.01 Insum Amount Lesser of line 6, or (line 9 minus line 4)	\$119,490.01	
11. G	eater of	(2 x ne 4) or (\$6.00 x parcel count (20 000 may))	\$0.00 \$169,636.80	10
	almbursement Due at 509	(line 8 minus line 11) x .50 but not less than \$0.00	\$34,671.61	
3. To	tel Reimbursoment This	Period (line 10 plus line 12)	\$34,671.61	1:
	aximum Reimbursement tal Reimbursement Claim		\$0.00	
6. Ma	x. Available for Future Re		\$84,818.40	18
			\$0.00	16
	la gasard	CERTIFICATION		
	m accord	ance with Section 137.750 RSMo, we certify that the salaries, costs, and expanses listed herein were incurred during t	he	_
	equalized asse	Calendar quarter 1-1-2009 to 3-31-2009 for Superior County for the purpose of maintaining seed valuations under the assessment and equalization maintenance plan approved by the State Tax Commission of		
ູດຄໄບ	re of Assessor	Signature of County Presiding Comm / Chief Executive Signature of Accounting Officer / County Clerk	Alssouri	
		The state of the s		
4				
(esi	mony whereof, I have her Superior Co	eunio sel my hand and affixed line Seal of County at office in		_
EAL)	Ouperior Co	runly, Missouri, this the 10 day of April 20 0	9	
ĺ		County of Superior State of Signature of Clerk of the County Commission	f Missouri	_
		oralisatore or create of the Contra Coulties (OU		i
				ļ
ereby	certify that the above ex	penditures have been compared to the budget included in the assessment and equalization maintenance		-
316 (11)	n mist mis exbauditatez di	BIMBO BIG IN GENERAL AND reasonable completes with sold convoyet plan		-
HELAIR	ie oi cominissioner, Stati	B Tax Commission of Missouri	· · · · · · · · · · · · · · · · · · ·	1
				1
TUR	N TO	CTATE OF MODOURY 1000		ı
		STATE OF MISSOURI, ASSESSMENT REIMBURSEMENT PROGRAM		7
869	1319(06-06)	P.O. BOX 389, JEFFERSON CITY, MO 65102		



MISSOURI STATE TAX COMMISSION

CERTIFIED COPY OF ASSESSING SALARIES, COSTS AND EXPENSES

Cot	inty- Superior			CALE	NDAR QUARTER -	4/1/2009	to	6/30/2009	-
				7777	COSTS			010012003	-
NO.	of employees	SALARIES OF EMPL	OYEES APPROVED) IN ASSI		MCE DI AN		44404117	_
A,	1	Assessor			TO THE STATE OF TH	dioe PLAG		\$10,375.00	ŗ
B.	6	Assessor's Staff						\$28,847.76	ŀ
C.		Other Salaries (explai	n on separate page)			······································		920,077,770	H
D.	7	Employee Fringe Ben	ofils, (FICA, Lagers,	S.S., Hea	ith, Unemployment, k	ledicare, etc.)		\$14,359.72	f
1a	Office Expenses:	OTHER	COSTS AND EXPE	NSES AP	PROVED IN ASSESS	MENT MAINTENANC	E PLAN		_
1b	Once expenses:	Supplies, Forms, Man	uals					\$612.98	4
1c		Postage Expense						\$993.89	
_	Mileage Expense O	Telephone Expense	MILES	(a) i	11 6			\$310.77	
	Education and Train		Odoino eto)	@ 1	11.50			\$378.07	
4a	Equipment:	Purchases	oognig, etc.)	·			· · · · · · · · · · · · · · · · · · ·	\$132.58	
4b	(not computer refa	ted) Maintenance	·		· · · · · · · · · · · · · · · · · · ·			\$1,840.00	
4c		Loases		-		*******		\$562.53	
	Computer:	Hardware Purchases/L							5
5b		Software Purchases/L					· · · · · · · · · · · · · · · · · · ·	\$6,875.00	
5с 6а	Contracts:	Herdware and/or Softw	are Maintenance, P	rogram M	odifications			\$777.60	
6b	Compacie:	Appraisai							6
60	***********	Mapping Other (Acriet Photos							6
	Other Expenses	Other (Aerial Photogra	ony, GIS, etc.)					\$149.00	6
	al Costs		+0				·	\$33.00	7
			·			<u>-</u>	····	\$66,247.90	_
1 M	aximum Amount Re	Imbumohto Daniel D.	<u> </u>	CALC	ULATIONS				
2. MI	Ininum Avallable Pe	Imbursable Parcel Rate	\$5.99	10 1		Parcel Count	14,160	\$84,818.40	1
	otal Costs In Previou		\$3.00 x Parce (current fisca	el Count (20,000 max)			\$42,480.00	2
4. Ta	ial Reimbursement	In Previous Periods	(current fiscal				\$0.00		
5. Ma	l to InnomA mumixe	Reimbursement Available	(line 1 minus					\$0.00	4
		elmbursement Avallable	(line 2 minus			·		\$84,818.40 \$42,480.00	5
	tal Costs This Perio	xi					\$66,247.90	φ42,460.00	7
	tal Costs to Date		(line 3 plus li	ne 7)		· · · · · · · · · · · · · · · · · · ·	\$66,247.90	PARTICIPATION OF PROPERTY AND ADMINISTRAL OF	8
9. Gr	eater of:		\$0.76 x quarte	er 1	x parcel count (20	,000 max)	\$10,620.00	201 (615 (605 (605 (605 (605 (605 (605 (605 (60	98
	darkers and the		or 50% of line				\$33,123.95		
	ealer of	on Minimum Amount	Lesser of line	B, or (iir	e 9 minus line 4)			\$33,123.95	
_	olimbursement Due (V 200	(2 x line 4) or	(\$6.00	parcel count (20,00)) max.))		\$84,960.00 1	ī
	lal Reimbursement		(line 8 minus	line 11)	c.50; but not less tha	n \$0.00		\$0.00	2
	ximum Reimburser		(line 10 plus II (lesser of line		401	-		\$33,123.95 1	
б. То	tal Rolmbursement	Claimed This Fiscal Year	(line 4 plus lin		13)			\$33,123.95 1	
в. Ма	x. Available for Ful	re Reimb. This Fiscal Year	(line 1 minus			·		\$33,123,95 1	
					COATION	·		\$51,694.45 1	6
	In o	Mordanco udib Casilan 437	750 0011	CERT	IFICATION		· 		
	m a	ccordance with Section 137.	700 Mamu, We Celli lar 4.1.2000 to 6.2	iy inat ina	salaries, costs, and o	xponses listed herein	were incurred during	the	
	equalized	assessed valuations under	ho trompsassa ad	l equaliza	tion moistenance also	or the purpose of main	italning		
gnatu	re of Assessor		Signature of County	Presiding	Comm / Chief Executive	Signature of Account	e Tax Commission of ag Officer / County Clerk	Missouri	_
				_			is amon a double didly	•	i
lesti	mony whereof, I hav	e hereunto set my hand and		County a	office in			A+	4
EAL)	Superior	County, Missouri, this the	10		day of July	,	20 (09	ı
HNL					County of	Superior	State	of Missouri	1
				I	Signature of Clerk of t	he County Commission	n		1
ereby	certify that the abo	va ayaaadiiyaa haya baaa	Somerad to the tour		2- 27 11		· · · · · · · · · · · · · · · · · · ·		J
in end	d that the excenditur	ve expenditures have been res claimed are in general a	Mid Oly Of Consequing	igares	ieo in vio essessmeni basidaanseestad	and equalization mal	ntenance		
nelu	re of Commissioner	State Tax Commission of A	Issouri	montoe Wi	n aaro approvat pian.				1
		••••							I
									1
TUR	NTO	STATE	F MISSOURI ASSI	ESSMEN	T REIMBURSEMENT	BBOODALI			١
					ON CITY, MO 65102	FIVORM		İ	ı
869	1319(08-08)								ı



MISSOURI STATE TAX COMMISSION

CERTIFIED COPY OF ASSESSING SALARIES, COSTS AND EXPENSES

Cot	nty Superior				DAR QUARTE		7/1/2009	to	9/30/2009	<u></u>
L					COSTS				0,001,000	
NO.	of employees	SALARIES OF EMPLO	YEES APPROVED			NTENANO	DE PLAN		AMOUNT	
٨.	11	Assessor							\$10,375.0	
<u>B.</u>	8	Assessor's Staff							\$29,900.8	
C. D.	9	Olher Salaries (explain	on separate page)				···			7
Ë	<u> </u>	Employee Fringe Benefi	ls, (FICA, Lagars, S NGTS AND EVOCH	S.S., Heat	th, Unemploy	nent, Med	icare, etc.)		\$13,958.1	2 t
ia	Office Expenses:	Supplies, Forms, Manua	OSTS AND EXPEN	OCO APP	KOVED IN A	SSESSME	INI MAINTENAI	NCE PLAN	\$4,000	. al .
1b		Postage Expense							\$1,239.4 \$95.5	31
ic		Telephone Expense							\$241.5	
2 3	Mileage Expense Only		1031 MILE	r (9) 41.59				\$427.8	
4a	Education and Training Equipment:	(Meals, Registration, Los Purchases	iging, etc.)						\$1,399.7	
4b		Maintenance		···						4
4c		Leasos		,					\$20.8	
	Computer:	Hardware Purchases/Le	9808			***		· · · · · · · · · · · · · · · · · · ·	 	4 6
5b	·	Software Purchases/Lea					····		\$3,375.0	
б¢ 6а	Confracts:	Hardware and/or Softwa	e Maintenance, Pro	ogram Mo	xdifications	*****				5
6b		Appreisal Mapping					****			6
6c		Other (Aerial Photograph	v. GIS. elc.)	· · · · · · · · · · · · · · · · · · ·	·				40.100.0	61
	Other Expenses		7, 010, 010.7						\$3,498.9	
Tot	al Costs			·				·	\$64,532.8	7
		1	1	CALC	ULATION	IS		***************************************	40 1100 210	<u>-</u> .
	axlmum Amount Relmbu		\$4.00				Parcel Coun	14,160	\$56,640.0	<u> </u>
	ininum Available Per Yea		\$3.00 x Parcel	Count (2	(xem 000,09		7 - 10 - 10 - 10 - 10 - 10 - 10 - 10 - 1	1-7,100	\$42,480.0	
	ital Costs in Previous Per		(current fisce)					\$66,247.90	200	3
4. IC	otel Reimbursement in Pro eximum Amount of Reimi	ovious Periods	(current fiscal ye				···		\$33,123.9	
6. M	nimum Amount of Reimb	JUISEMENT Available	(line 1 minus (line 2 minus						\$23,516.0	5 5
7. To	tel Costs This Period	organism Promote	tima z minus	(R# 4)				\$64 E00 07	\$9,356.0	
	tal Costs to Date		(line 3 plus line	a 7)		· · · · · · · · · · · · · · · · · · ·		\$64,532.87 \$130,780.77		3 - 7
9. G	ealor of:		\$0.75 x quarter		x parcel co	unt (20.00	00 max)	\$21,240.00		8 9a
			or 60% of line (8				\$65,390.39	\$65,390.39	90
	elmbursement Due on Mi reater of	nlmum Amount	Lesser of line 6						\$9,356.05	10
	elmbursement Due at 509		(2 x line 4) or	(\$6.00 x	parcel count	(20,000 n	18X.))		\$84,960.00	11
	tel Reimbursement This		(line 8 minus li		.50; but not	less than	\$0.00		\$22,910,39	
	eximum Reimbursement		(lesser of line 5		13)		/		\$32,266.44	
15. To	tal Reimbursement Clain	1ed This Fiscal Year	(line 4 plus line		1.7	•			\$23,516.05 \$56,640.00	
16. M	x. Avallable for Future R	elmb, This Fiscal Year	(line 1 minus li	ne (6)					\$0.00	1 16
		_	(CERTI	FICATIO	N				-نـنــــــــــــــــــــــــــــــــــ
	In accord	lance with Section 137.7	50 RSMo, we certify	y that the	salaries, cost	and exp	enses listed her	in were incurred during	the	
		Calendar quarte	r 7-1-2009 to 9-3(0-2009 (d	or Superior C	ounly for I	the ournose of m	ainiainina		
ignatu	re of Assessor	ssed valuations under th	B assessment and a Signature of County F	0qualizat Presidion (on maintenan	co plan a	pproved by the S	tate Tax Commission of	Missouri	
				. see see se	APPLIES AND EX	ecotisa	SIGNATURE OF MICCOR	nling Officer / County Clerk	i .	
										,
tes	lmony whereof, I have he	reunio set my hand and	affixed the Seal of C	County at	office in		······			
SEAL.		ounty, Missouri, this the	10	- (day of	Octob	er	20	09	ı
BEAL					County of		Superior	State	of Missouri	
				ľ	Signature of C	lerk of the	County Commis	sion		
	•			1						
rereb	y certify that the above ex	penditures have been or	mpared to the hind	get Includ	led in the sees	sement a	nd oanalization -	nolntonanco	·	
an ar	a viai ine expenditures c	laimed are in general and	i reasonable comn!!	iance will	ក្រុក មួយ ១១១៩ ក្រុក មួយ ១១១៩	i plan	որ գժոնյութնին է	nantetiatic o		
gnat	re of Commissioner, Stal	ie Tax Commission of Mi	ssouri		Pri v 10					\dashv
									•	
	N 70									-
: IUR	NTO	STATE OF	MISSOURI, ASSE				ROGRAM			\dashv
0.880	-1319(06-06)	····	P.O. BOX 389, J	effers(ON CITY, MO	65102	,			